| CS-1
Revised 5-99, 10-04, 10-05

Fill in with typewriter or ink. Be sure to complete all items accurately. | **PERSONAL HISTORY RECORD**
DEPARTMENT OF CITY CIVIL SERVICE
1300 Perdido St., New Orleans, La. 70112
APPLICATION OFFICE – 7W03*MAIN OFFICE-7W03 | **SOCIAL SECURITY NUMBER**

_____ |

INSTRUCTIONS: When completed this form should be filed with the Department of City Civil Service together with your Application for Examination (CS-13). It will NOT be necessary for you to submit another Personal History Record, regardless of the number of examinations you may take from time to time. When making application for future examinations, however, it will be necessary to file a Supplementary Data form (CS-2) with any information not previously included.

PLEASE PRINT

(Last)	*(First)*	*(middle/maiden)*	**3. PHONE**
1. NAME			
(Number & Street)		*(Apartment)*	**4. DATE OF BIRTH**
2. ADDRESS			
(City)	*(State)*	*(Zip)*	*(month)* *(day)* *(year)*

FOR STATISTICAL PURPOSES ONLY

5. SEX   ☐ Female   ☐ Male   **6. RACE**   ☐ American Indian   ☐ Asian   ☐ Black   ☐ Hispanic   ☐ White   ☐ Other

7. Are you a U.S. citizen?   **8. Are you a qualified voter of the City of New Orleans?**
Yes ☐   No ☐   Yes ☐   No ☐
If "no", do you possess a current work visa?   Yes ☐   No ☐

9. Have you ever been convicted of any offenses other than minor traffic violations?   Yes ☐   No ☐

If "yes" offense(s) ————————————————————— conviction date(s) —————————

10. EDUCATION AND TRAINING

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12	Name & Address of School	Last year attended	High School diploma or G.E.D. received? Yes ☐ No ☐

Name of College or University	Location	Major: Minor: Degree:	Highest year completed	Year attended From To

Graduate School	Location	Program of Study: Degree:	Semester Hours Credit	Year attended From To

Business, Trade, Other School	Program of Study	Length of Program	% Completed	Year Completed

11. List any special job-related skills that you have acquired which are not covered above:

12. List any special licenses which you hold:

13. Do you possess a valid Louisiana driver's license?   Yes ☐   No ☐   If "yes": what class? _____

14. AFTER HAVING READ and COMPLETED VETERAN PREFERENCE CLAIM form, do you claim Veteran's Preference?
(Veteran Preference Claim form available from Room BW04)   Yes ☐   No ☐
If "yes", which of the following is basis of eligibility?

☐ Honorably discharged veteran   ☐ Unremarried widow or widower of veteran
☐ Disabled veteran   ☐ Unremarried widow, divorced, or separated
☐ Spouse of disabled veteran   parent of person who died or became totally disabled in active service

15. List any special accommodations you may need for testing (e.g sign language, interpreting, etc.)

THIS FORM WILL NOT BE COMPLETE UNLESS SIGNED AND DATED ON THE REVERSE SIDE

EMPLOYMENT RECORD. Beginning with your most recent employment, list below your work experience. Attach additional sheets if necessary. Be specific and complete. IF JOB CONSISTED OF MORE THAN ONE MAJOR RESPONSIBILITY, PLEASE INDICATE WHAT PERCENTAGE (%) OF TIME WAS SPENT ON EACH RESPONSIBILITY. IF JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED.

CURRENT OR MOST RECENT EMPLOYMENT

Company_____   Monthly Salary_____

Address_____   Title_____

Duties: (See above instructions.)_____   From_____
                                                                    (month)   *(year)*
_____   To_____
                                 (month)   *(year)*
_____   Full-time_____ Part-time_____

_____   If part-time, number of hours

Name of immediate supervisor_____   per week_____

May we contact the company?_____   Are you still employed?_____

CURRENT OR MOST RECENT EMPLOYMENT

Company_____   Monthly Salary_____

Address_____   Title_____

Duties: (See above instructions.)_____   From_____
                                                                    (month)   *(year)*
_____   To_____
                                 (month)   *(year)*
_____   Full-time_____ Part-time_____

_____   If part-time, number of hours

Name of immediate supervisor_____   per week_____

May we contact the company?_____   Are you still employed?_____

CURRENT OR MOST RECENT EMPLOYMENT

Company_____   Monthly Salary_____

Address_____   Title_____

Duties: (See above instructions.)_____   From_____
                                                                    (month)   *(year)*
_____   To_____
                                 (month)   *(year)*
_____   Full-time_____ Part-time_____

_____   If part-time, number of hours

Name of immediate supervisor_____   per week_____

May we contact the company?_____   Are you still employed?_____

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17. I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list and I may be disqualified from applying in the future for positions in the Civil Service of the City of New Orleans.

IMPORTANT: Check to see that you have completed each item accurately. Your examination grade may depend upon the information you have given.

Signature_____

Date_____